

Premium Rates for Plans Effective July 1, 2006

Carrier	Type of Plan	Coverage	Employer Contribution	Employee Contribution	Total Premiums
HMSA	PPO Medical, Drugs, Chiropractic	Single	\$155.42	\$102.48	\$257.90
		Family	\$467.84	\$308.54	\$776.38
Kaiser	HMO Medical, Drugs, Chiropractic	Single	\$155.42	\$112.70	\$268.12
		Family	\$467.84	\$335.30	\$803.14
HMSA	Dual Medical, Drugs, Chiropractic	Single	\$87.28	\$57.06	\$144.34
		Family	\$265.46	\$173.60	\$439.06
Royal State	Dual Medical, Drugs, Chiropractic	Single	\$26.50	\$16.54	\$43.04
		Family	\$81.74	\$51.12	\$132.86
HMSA	Prescription Drugs Only	Single	\$29.88	\$19.62	\$49.50
		Family	\$91.92	\$60.38	\$152.30
HDS	Dental	Single	\$17.38	\$11.48	\$28.86
		Family	\$59.50	\$22.94	\$82.44
HDS	Dual Dental	Single	\$10.30	\$6.76	\$17.06
		Family	\$29.76	\$19.52	\$49.28
VSP	Vision	Single	\$3.44	\$2.28	\$5.72
		Family	\$7.40	\$4.88	\$12.28
VSP	Dual Vision	Single	\$1.54	\$1.02	\$2.56
		Family	\$3.36	\$2.18	\$5.54
AETNA	Life Insurance	Employee	\$4.16	None	\$4.16

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